PATENT APPLICA	TION FEE DETER	MINATION RECORD
----------------	----------------	-----------------

Effective December 29, 1999

Application or Docket Number

09/487361

	<u>_</u>						47/	70	1361	
			IMS AS FILED - PART I (Column 1) (Column 2)		SMALL TYPE	ENTITY	OR	OTHER SMALL		
F	OR	NUME	SER FILED	NUMBER	EXTRA	RATE	FEE]	RATE	FEE
BASIC FEE				4.00	345.00	OR		690.00		
TC	OTAL CLAIMS		: minus	20= * Ø		X\$ 9=		OR	X\$18=	F
	DEPENDENT CL		/ minus	3 = * Ø		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT					+130=	1	OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL	 	OR	TOTAL	690	
	C	LAIMS AS	AMENDED	- PART II		701712		1 011	OTHER	
_	Lance of the second	(Column 1)	T	(Column 2)	(Column 3)	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
END	Total	. 21	Minus	20	= (X\$ 9=	9	OR	X\$18=	
A	Independent	NTATION OF M	Minus	PENDENT CLAIM	=	X39=	,	OR	X78=	
		NATION OF W	IOLIII EE DEI	ENDENT CLAIM		+130=		OR	+260=	· •
						TOTAL ADDIT. FEE	٤	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	*** PENDENT CLAIM	=	X39=		OR	X78=	
		THE TOTAL OF THE	IOCTIF EE DEF	CINDENT CLANVI		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
-		(Column 1)	N. W. S. C. C. S.	(Column 2)	(Column 3)					
MENT C	Supp	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	· 02	Minus	2/	= 4	X\$ 9=	36	OR	X\$18=	
AM	Independent FIRST PRESE	・ う NTATION OF M	Minus	PENDENT CLAIM	= ()	X39=	1	OR	X78=	
• 1						+130=		9 ^R	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09/487361
---------------------	-----------

Total Fee Calculation

		10(2) 100	Calculatio	Ц		
	Fre Code	Total # Claims	Number Extra X	Fcc	Fcc	- Total
_	Sm./Lg.			Sm. Entity	Lg Entity	
Basic Filing Fee	201/01				690	- 690
Total Claims >20	203/103	<u> 3</u> -20 -	<u>Ø</u> x	###		
Independent Claims >3	202/102		<u>Ø</u> x		 ;	•
Mult, Dep Claim Present	204/104			Name of the last o		•
Surcharge	205(05)	•			130	- <u>/30</u>
English Translation	139					
TOTAL FEE CALCUL	ATION					820
Fees due upon filing t	he application.					
Total Filing Fees Due	= 5	820				
Less Filing Fees Subn	nined - S	_				
BALANCE DUE	= \$	820				
M. Swi	Elamination				top~	

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)